

SEP 29 2006

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

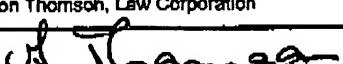
Total Number of Pages In This Submission

16

Application Number	10/648,301
Filing Date	08/27/2003
First Named Inventor	Komarechka, Robert G.
Art Unit	2628
Examiner Name	Woods, Eric

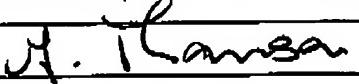
Attorney Docket Number

BK-001

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks Petition for Revival under 37CFR 1.137(b) Fee Transmittal Form Fee payment Response to Office Action		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	J. Gordon Thomson, Law Corporation	
Signature		
Printed name	Gordon Thomson	
Date	September 29, 2006	Reg. No. 55,922

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Gordon Thomson

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

SEP 29 2006

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/03/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
750.00**Complete If Known**

Application Number	10/648,301
Filing Date	08/27/2003
First Named Inventor	Komarechka, Robert G.
Examiner Name	Woods, Eric
Art Unit	2628
Attorney Docket No.	BK-001

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**Each claim over 20 (including Reissues) Fee (\$)
 Fee Paid (\$)Each independent claim over 3 (including Reissues) Fee (\$)
 Fee Paid (\$)Multiple dependent claims Fee (\$)
 Fee Paid (\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)	Fee (\$)
- 20 or HP =	x	=		50	25

HP = Highest number of total claims paid for, if greater than 20. Fee (\$)
 Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
---------------	--------------	----------	---------------	---------------------------	----------	---------------

- 3 or HP = Fee (\$)
 Fee Paid (\$)HP = Highest number of independent claims paid for, if greater than 3. Fee (\$)
 Fee Paid (\$)**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
--------------	--------------	--	----------	---------------

- 100 = Fee (\$)
 Fee Paid (\$)/ 50 = Fee (\$)
 Fee Paid (\$)(round up to a whole number) x Fee (\$)
 Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

Fee (\$)